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PROFIT CORPORATION ANNUAL REPORT

1997

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

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Feb 20 1997 8:00am

Secretary of State

Daytimo Phone I

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$14828

(5)

FERTITTA ENTERPRISES, INC.

Principal Place of Business Mailing Address 3610 YACHT CLUB DR 3610 YACHT CLUB DR **UNIT 710 UNIT 710** AVENTURA FL 33180 **AVENTURA FL 33180-3544** 3a. Date of Last Report 3. Date Incorporated or Qualified 07/08/1996 11/28/1990 4. FEI Number 2. Principal Place of Susiness 2a. Mailing Address Applied For 65-0227263 Not Applicable 26 Satu, Apt. #, etc. Suite Apt. # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zір Country 6. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHAPIRO, IRA R. 13899 BISCAYNE BLVD Street Address (P.O. Box Number is Not Acceptable) SUITE 400 83 N MIAMI BEACH FL 33181 84 City Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent from the formula accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE erication. Type For profit Thame of regions a alient a at the ill applicatio (NOT€ Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 13. 12. DELETE 11 DILE Change Addition 311,8 FERTITTA, MICHAEL 1.2 NAME Sald 3610 YACHT CLUB DR #710 1.3 STREET ADDRESS STEAT ALORESS **AVENTURA FL** 1.4 CITY - ST - ZIP 017-55 DELETE Change Addition 2.1 TITLE TIT, E 2.2 NAME MALE 2.3 STREET ADDRESS STREET ALORESS Link St. Zo 2. 4 CITY-ST-ZIP DELETE Change Addition ICH 3.1 TITLE $\{a_i\}_{i=1}^n$ 3.2 NAME 3.3 STREET ADDRESS 518E11 A008ES 3.4. CITY-ST-ZIP CHY SI-z-DELETE Change Addition DOL 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ASORESS ORY SLA 4.4 CITY - ST- ZIP DELETE Change Addition TRE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5186 - LACORESS 54 CITY-ST-ZIP OTY ST Z DELETE Change Addition The 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ALLOHESIS 6.4 DITY-ST-ZIP

14. I do hereby cerbly that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

changed, or on an attachment with an address

OH PHINTLD NAME OF SIGNING OFFICER OR DIRECTOR